FORM D

8252 **UNITED STATES** SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

0]	OMB APPROVAL
	OMB Number: 3235 0076 Expires: May 31, 2006 Estimated average burden beform
j	08043722

Name of Offering (check thinks is an amendment and name has changed, and indicate change	e.) fromes me. 11/65 3% Secured Convertible Notes
Filing Under (Check box(es) that apply): □ Rule 504 □ Rule 505 ☒ Rule 506 □ Section 4(6 Type of Filing: ☒ New Filing □ Amendment	6) 🗆 ULOE
A. BASIC IDENTIFICATION DAT	ГА
Enter the information requested about the issuer	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Itronics Inc.	
Address of Executive Offices (Number and Street, City, State, Zip Code) 6490 So. McCarran Blvd. No 23, Reno, NV 89509	Telephone Number (Including Area Code) (775) 689-7696
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same	Telephone Number (Including Area Code) Same
Brief Description of Business Two segments - Photochemical recycling, silver refining and fertilizer manufacturing; min	ning technical services
Type of Business Organization (X) corporation □ limited partnership already formed □ other (please speciful business trust □ limited partnership, to be formed	PROCESSED
Actual or Estimated Date of Incorporation or Organization: Month Year 1 0 8 7	(X) Actual Estimated NOV 3 0 2006 THOMSON
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction CN for CANADA CN for CANADA CN for CANADA CN for CN	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
 2. Enter the information requested for the following: □ Each promoter of the issuer, if the issuer has been organized within the past five years; □ Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; □ Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and □ Each general and managing partner of partnership issuers.
Check Box(es) that Apply: Promoter (X) Beneficial Owner (X) Executive Officer (X) Director General and/or Managing Partner
Full Name (Last name first, if individual) Whitney, John W.
Business or Residence Address (Number and Street, City, State, Zip Code) 6490 So. McCarran Blvd., No. 23, Reno, NV 89509
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer (X) Director General and/or Managing Partner
Full Name (Last name first, if individual) Green, Howland S.
Business or Residence Address (Number and Street, City, State, Zip Code) 6490 So. McCarran Blvd., No 23, Reno, NV 89509
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner (X) Executive Officer () Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Rasmussen, Duane H.
Business or Residence Address (Number and Street, City, State, Zip Code) 14305 Mt. McClellan, Reno, NV 89506
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner (X) Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual) Skinner, Gregory S.
Business or Residence Address (Number and Street, City, State, Zip Code) P.O. Box 8106, Incline Village, NV 89450
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner () Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner ☐ Executive Officer ☐ Director ☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	·	•		
Business or Residence Address (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	:			
Business or Residence Address (Number a	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□.Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	nd Street, City, State, Zi	p Code)		
Check Box(es) that Apply: ☐ Promoter	□ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)	· · ·	4		
Business or Residence Address (Number a	and Street, City, State, Zi	p Code)		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐General and/or Managing Partner
Full Name (Last name first, if individual)				
Business or Residence Address (Number a	and Street, City, State, Zi	p Code)		

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					B. IN	IFORMA	TION AB	OUT OF	FERING				
1. Has th	e issuer sol						ed investo		offering? .			No	
2. What i	s the minin	num inves	tment that	will be a	ccepted fro	om any inc	dividual?	•••••				None	
3. Does t	he offering	permit'joi	int owners	hip of a si	ngle unit?	************						No	
4. Enter commissi person to states, lis	the information or similar be listed is the name dealer, you	ation reque ir remuner an associated the broken	ested for e ation for so ated perso ker or dea	ach perso olicitation n or agent ler. If mo	n who has of purcha of a brok re than fiv	s been or sers in con er or deale e (5) pers	will be pai inection wi er register ons to be l	id or giver ith sales of ed with the listed are a	n, directly securities e SEC and	or indired in the offe or with a	ctly, any ring. If a state or		
Full Nam	e (Last nam	ne first, if i	indiviđual)		•							
Business	or Residenc	e Address	s (Number	and Stree	t, City, St	ate, Zip C	ode)						
Name of	Associated	Broker or	Dealer:		-	·							
States in	Which Pers	on Listed	Has Solici	ited or Inte	ends to So	licit Purch	nasers						
(Check "/	All States" o	or check in	ndividual S	States)									□All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
[IL] [MT]	(IN) [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] .[OK]	[MS] [OR]	(MO] [PA]	
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Nam	e (Last nam	ne first, if i	individual)	•								,
Business	or Residenc	e Address	s (Number	and Stree	t, City, St	ate, Zip C	ode)				·		
Name of	Associated	Broker or	Dealer								·		
	/hich Person II States" or o					chasers					,	□All States	
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID] [MO]	
(IL) (MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	(LA) [NM]	(ME) (NY)	(MD) (NC)	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[PA]	
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full Name	(Last name t	first, if indi	vidual)								····		
Business	or Residen	ce Address	s (Number	and Stree	et, City, St	ate, Zip C	ode)						

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[MN]

[OK]

[WI]

[HI]

[MS]

[OR]

[WY]

[ID]

[MO]

[PA]

'[PR]

Name of Associated Broker or Dealer

[AK]

[IN]

[NE]

[SC]

[AL]

[IL]

[MT]

[RI]

States in Which Person Listed Has Solicited or Intends to Solicit Purchasers

[AR]

[KS]

[NH]

[TN]

[CA]

[KY]

[[[]

[TX]

[CO]

[LA]

[NM]

[UT]

[CT]

[ME]

[NY]

[VT]

(Check "All States" or check individual States) ...

All States

[AZ]

[IA]

[NV]

[SD]

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if

	Type of Securities	Aggregate Offering Price	· Amount Already Sold
	Debt	<u> </u>	
	Equity		
	☐ Common ☐ Preferred		
	Convertible Securities 6% Callable Secured Convertible Notes and Warrants	500,000	_500,000
	Partnership Interests		
	Other (Specify)		
	Total	500,000	_500,000
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Number Investors	Aggregate Dollar Amount of Purchases
	Accredited Investors	4	500,000
	Non-accredited Investors	<u> </u>	0
	Total (for filings under Rule 504 only)	N/A	N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question I.	Type of Security	Dollar Amount Sold
	Type of offering	N/A	N/A
	Rule 505	N/A	N/A
	Regulation A	N/A	N/A
	Rule 504	N/A	N/A
	Total	N/A	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of he issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the left of the		
	estimate. Transfer Agent's Fees	(x)	
	Printing and Engraving Costs		0
	Legal Fees	(x)	30,000
	Accounting Fees	· (x)	10,000
	Engineering Fees	` '	0
	Sales Commissions (specify finders' fees separately)	(·)	-0-
	Other Expenses (identify): Finders fee-\$30,000;;	` '	30,000
	Total	• •	70,000
	4 of 8	(**)	SEC 1972 (5

total expenses furnished	in response to Part C - Qu	pestion 4.a. This difference is the "adjusted gros	s				
•				430,000			
purposes shown. If the amo	ount for any purpose is not f the payments listed must	eeds to the issuer used or proposed to be used for known, furnish an estimate and check the box to equal the adjusted gross proceeds to the issuer set	the left				
	·			Payments to Officers, Directors, & Affiliates		Payments To Others	
Salaries and fees(C	Consultants and Advisors)		(x)	· <u>-0-</u>	(x)	<u>-0-</u>	
Purchase of real es	tate		(x)	<u>-0-</u>	(x)	<u>-0-</u>	
Purchase, rental or	leasing and installation of	machinery and equipment	(x)	<u>-0-</u>	(x)	<u>-0-</u>	
Construction or lea	sing of plant buildings and	d facilities	(x)	<u>-0-</u>	(x)	<u>-0-</u>	
		e value of securities involved in this offering		•			
that may be used in merger)	n exchange for the assets o	r securities of another Issuer pursuant to a	(x)	<u>-0-</u>	(x)	<u>-0-</u>	
Repayment of inde	btedness		(x)	<u>-0-</u>	(x)	<u>-0-</u>	
Working capital			(x)	<u>-0-</u>	(x)	430,000	
Other (specify):	,		(x)	<u>-0-</u>	(x)	<u>-0-</u>	
Column Totals			(x)	<u>-0-</u>	(x)	430,000	
Total Payme	ents Listed (column totals	added)		(x)	430,000	<u>o</u>	
				-			
	:	D. FEDERAL SIGNATURE					-
The investment during accordate	is notice to be signed by t	he undersigned duly authorized person. If this n	otice is file	ed under Rule 5	O5 the fol	Lowing signature	_
constitutes an undertaking by the issuer to any non-accredite	the issuer to furnish to the U	J.S. Securities and Exchange Commission, upon v	written requ	uest of its staff, t	the informa	ition furnished by	,
Issuer (Print or Type) : Itronics Inc.		Signature Many What In	Date 11/16/0	6			
Name of Signer (Print or Type	e):	Title of Signer (Print or Type):					
John W. Whitney		President	•				
	· · · · · · · · · · · · · · · · · · ·						_
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C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.252(c), (c) of such rule?	d), (e) or (f) presently subject to any of the disqualification provisions Yes No
	S	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to fu (17 CFR 239.500) at such times as required by	rnish to any state administrator of any state in which this notice is filed, a notice on Form D state law.
3.	The undersigned issuer hereby undertakes to f offerers.	urnish to the state administrators, upon written request, information furnished by the issuer to
4.		is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering otice is filed and understands that the issuer claiming the availability of this nese conditions have been satisfied.
	The issuer has read this notification and knows t duly authorized person.	he contents to be true and has duly caused this notice to be signed on its behalf by the undersigned
	er (Print or Type) : nics Inc.	Signature Date 11/16/06
Nan	ne of Signer (Print or Type):	Title of Signer (Print or Type):
Joh	n W. Whitney	President

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	non-ac	to sell to credited ors in State -Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inves	stor and amoun	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
. AL		X			,				
AK .		X	•						
ΑZ		X		·		,			
AR		x							
CA		X							
СО		x					ļ	- 	
CT		X			,				
DE		X	*See-Note	1	45,000	0	0.		х
DC		X							
FL ·		x							
GA		X							
HI		X							
ID	<u> </u>	X					į .		
IL	h	X					<u> </u>		
IN		X							
IA		X	<u></u>						\
KS	,	X	,				·		
KY		X							
LA		X			.544			-	
ME		X							
MD		X							
MA		X	,=,					<u> </u>	
MI		X			·				
MN		Χ.	,						
MS		X							
МО		X	_					<u> </u>	

APPENDIX

, ,	non-ac	to sell to credited ors in State i-Item 1)	Type of security and aggregate offering price offered in State (Part C - Item 1)	Type of inves	tor and amount p	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
MT		X							
NE		X	·						
NV		X							
NH		X							
NJ		X		1					
NM		х					<u> </u>		
NY		X	*See Note	2	155,000	0	0		x
NC		X							Í
ND		X							
ОН		X							
OK		X							
OR		χ .							
PA		X							
RI		X							
SC		X							
SD		X	,						
TN	_	X							
TX		X							
UT		X							
VT		X						ļ	
VA		X					ļ	<u> </u>	
WA		X							
wv		X						<u> </u>	
WI		X							
WY		X		<u>.</u>		<u>.</u>			
PR		x					<u> </u>		

^{*} Itronics Inc. is offering an aggregate of \$500,000 of 6% Callable Secured Convertible Notes and Common Stock Purchase Warrants.